******St. John’s Student Endowment Scholarship Application**

**St. John’s Lutheran Church – Burt, Iowa 50522**

(Please type or print all information)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  |  |  |  |  |
|  | ***First*** |  | ***Middle*** |  | ***Last*** |
| **Address:** |  |  |  |  |  |
|  | ***Street*** |  | ***City*** |  | ***State*** |
|  |  |  |  |
| ***Zip Code*** |  | ***Phone*** |
| **Place Of Birth :** |  |  | **Date Of Birth :** |  |
| **School Attended Last Year :** |  |
| **Church Membership :** |  |  |  |
|  | ***Home Congregation*** |  | ***Pastor*** |
|  |
| **Single :** |  | **Married :** |  | **Spouse’s Name :** |  |
|  |  |
|  |  |  | ***Spouse’s Occupation :*** |  |
|  |
| **Children :** | **Name** |  | **Age** |  |
|  |  |  |
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|  |  |  |
|  |
| **For What Full-Time Church Vocation Are You Preparing?** |  |
|  |
| **At What Concordia Have You Enrolled?** |  |
|  |
| **What Student Grade Level Will You Enter?** |  |
| **Live On / Off Campus?** |  |
|  |
|  |  |  |  |  |  |  |
| ***Signature Of Applicant*** |  | ***Date*** |  |  |  |  |
|  |
| **Amount Awarded To Student :** |  | **Date :** |  |
| Please complete this form and return it no later than September 30th  … Money will be awarded by November 30th Mail Copy to : St. John’s Lutheran Church – P.O. Box 98 – Burt, IA 50522Or Email : churchoffice@stjohnsburt.org OR pastor@stjohnsburt.org  |